

## Application For State Preschool Program Funding Part 1 – The Organization

**Return To:** Child Development Division  
MB 02-19/GPRE  
1430 N Street, Suite 6308  
Sacramento, CA 95814

**DUE IN CDD OFFICE BY: February 14, 2003  
5:00 p.m.**

Submit one (1) original and four (4)  
copies of the completed application

### Section I APPLICANT ORGANIZATION INFORMATION

Legal Name of Agency:	Vendor # (If Known)	Agency Contact:	
		Phone/Fax:	
Executive Director:	Program Director:		
Address:	Address:		
City: ZIP:	City: ZIP:		
Phone:	Phone:		
Fax:	Fax:		
E-Mail:	E-Mail:		

### Section II Legal Status of Agency

(Check one box below and provide the appropriate agency identification information.)

- |   |   |
|---|---|
| <input type="checkbox"/> City or City Agency                    | <input type="checkbox"/> Private Nonprofit Organization – Number of years in operation → _____  |
| <input type="checkbox"/> County or County Agency                | <input type="checkbox"/> Private For-Profit Organization – Number of years in operation → _____ |
| <input type="checkbox"/> State or Federal Agency                |   |
| <input type="checkbox"/> State College or University            | Enter Federal Identification Number: → <input type="text"/>                                     |
| <input type="checkbox"/> Community College                      |   |
| <input type="checkbox"/> County Office of Education             |   |
| <input type="checkbox"/> School District                        | Enter CDS* Code: → <input type="text"/>   |
| <input type="checkbox"/> Tribal Council / Military Installation |   |

OR

\* CDE coding system as published in the California Public School Directory. This code verifies that the school is a California Public School. (Example: 01 6119 6110779 Bay Farm Elementary).

### Section III Applicant Agency's Fiscal Resource Information

Each applicant, including school districts and other government agencies, must possess sufficient fiscal resources in order to start up and operate the program being requested, for a period of *up to three months without any cash receipts from the State*.

Using Form C, Statement of Fiscal Resources, list and describe fiscal resources (cash, line of credit, emergency loans, etc.) the agency has or has access to cover initial start-up and operating costs for the first 90 days of program operation. (This figure should be a minimum of 25 percent of the annualized total of the contract beyond any fiscal reserves being held for other contractual obligations). Fiscal resource information should be specific (e.g., bank or lender name; name of the holder on the account).

**Private nonprofit and private for-profit agencies must attach to this application a written assurance from a recognized financial institution confirming funds are available to support this application.**

#### Section IV Certifications of Program and Fiscal Requirements

As the authorized agent representing this agency, I certify that this agency has read and understands the program administrative responsibilities for administering CDE/CDD contracts and agrees to comply with the following specific program and fiscal requirements if offered an award of funding through this application. In the administration of CDE/CDD contract(s), the agency must:

1. Comply with all applicable local and state program and facility licensing requirements including, but not limited to: *California Education Code (EC)* sections 8200-8499.7; *California Code of Regulations, Title 5, Education (5 CCR)* sections 18000-18308; and *California Code of Regulations, Title 22, Social Security (22 CCR)*, Division 12, Child Care Facility Licensing. The applicant agency shall not begin services to children unless the applicant agency is in possession of a facility license issued by DSS, CCL Division, or the facility is exempt from licensing by statute, or otherwise exempt from licensure.
2. Provide proof of nonprofit or for-profit status under the *Internal Revenue Code*, or that the applicant agency is a unit of the government.
3. Comply with Title VI of the 1964 Civil Rights Act and implementing regulations; Section 504 of the Rehabilitation Act of 1979, as amended; the Age Discrimination Act of 1979; and observe provisions of the Drug Free Workplace Act of 1988 and the *California Government Code* sections 11135-11139.5.
4. Comply with the Fair Labor Standards Act as defined by the Secretary of Labor in Part 506 of Title 29 of the *Code of Federal Regulations*; the American With Disabilities Act of 1990; and the Fair Employment and Housing Act.
5. Comply with CDE/CDD Funding Terms and Conditions and Program Requirements directing public agency contractors to seek advance approval by CDD to subcontract direct child development services to a private subcontractor, if services are for \$10,000 or more.
6. Employ fully qualified personnel as defined in 5 CCR and CDE/CDD Funding Terms and Conditions and Program Requirements, Staff Qualifications section. The applicant agency must have sufficient qualified staff to perform all administrative, support, auxiliary and instruction functions required in the administration of a child development program in accordance with 5 CCR Section 18290, or have an active corrective plan in place.
7. Maintain a current personnel roster that identifies each employee working in the child development program; the employee's position; the type, date of expiration, and the number of credentials/permits for those employees required to possess credentials/permits; transcripts of all college units completed; years of staff experience; and fingerprint clearances.
8. Complete and will continue to complete an annual self-assessment and submit it to CDE/CDD by March 1 of each year.
9. Submit and will continue to submit an annual financial audit report to CDD, excluding Local Educational Agencies (LEAs), in accordance with 5 CCR Section 18071 by November 15 for the fiscal year ending June 30. For those contractors with a fiscal year that differs from that of the State, the annual fiscal audit report is due by the 15<sup>th</sup> day of the 5<sup>th</sup> month after their fiscal year ends, in accordance with EC Section 8448(g).
10. Provide adequate equipment and supplies for children prior to the first day of service.
11. Implement a program of professional development opportunities for program staff, in accordance with 5 CCR Section 18274.
12. Incorporate a parent involvement and education component in its program including the development of a Parent Advisory Committee as defined in 5 CCR Section 18275.
13. Offer an outreach program that builds community awareness about the program, and solicits community support for the program in accordance with 5 CCR Section 18277.
14. Refer the children and family served through this application to appropriate agencies in the community based on the identified health or social service needs.
15. Provide nutritious snacks, meals, and a nutrition education component is included in accordance with 5 CCR Section 18278.
16. Assume responsibility for any excess expenditure of funds, exclusive of CDE contract funds, in the event the applicant agency exceeds CDE contracted maximum reimbursable amount (a cost reimbursement capped rate).
17. Establish a child development fund as required by EC Section 8328 and 5 CCR Section 18064.
18. Possess sufficient fiscal resources to start up and operate the program being requested for a period of up to three months (90 days of operation) without any cash receipts from the State, in addition to any previously required amounts.

Section V Certification Signature	
<p>I certify under penalty of perjury that I am an authorized agent representing this agency, I have read the full content of this application, and that to the best of my knowledge and belief, the data in this application and in any attachments hereto are true and correct. I further certify the applicant agency will fulfill all of the agreements, certifications (Section IV), and conditions as described in this application.</p>	
Signature, Authorized Agency Representative*	Date
Typed Name and Title <b>*Please sign using <u>blue ink</u></b>	
Section VI Required Certifications, Fiscal Forms, Program Narrative, and Licenses	
<p>Below is a listing of required documents that must be completed and submitted with the application package. Failure to complete and submit required documents before the application due date will result in a rejected application and no further review will be made.</p> <p><b>Certifications</b> (<i>original signatures required on these forms/section</i>)</p> <ol style="list-style-type: none"><li>1. Vendor Data Record: Form A (see instructional note on form regarding submission exemptions).</li><li>2. Nondiscrimination Compliance Statement: Form B</li><li>3. Section V: Certification Signature</li></ol> <p><b>Fiscal Forms</b></p> <ol style="list-style-type: none"><li>4. Statement of Fiscal Resources: Form C</li><li>5. Projected Annual Program Budget: Form D</li><li>6. Request for Start-Up Allowance: Form E (if used)</li><li>7. 2003-2004 Program Calendar: Form F</li><li>8. 2004-2005 Program Calendar: Form G (if used)</li></ol> <p><b>Program Narrative and MDO Waiver</b></p> <ol style="list-style-type: none"><li>9. Program narrative not to exceed a total of <b>16</b> pages. Note: CDD instructs readers not to consider the portion of response that exceeds the stated page limitation for each Program Narrative Component</li><li>10. Sample Weekly Lesson Plan: Form H</li><li>11. Minimum Days of Operation Waiver request (required if agency proposes to operate less than 175 calendar days).</li></ol> <p><b>Facility Licenses</b></p> <ol style="list-style-type: none"><li>12. Facility License(s) or verification of licensing status for each site in this application with a licensing status code of 1, 2, or 3.</li></ol>	

STATE OF CALIFORNIA

**Form A**

**VENDOR DATA RECORD**

(Required in lieu of IRS W-9 when doing business with the State of California)

STD. 204 (REV. 12-94)

**NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.**

**Section 1 must be completed by the requesting state agency before forwarding to the vendor.**

<b>1</b>	<b>PLEASE RETURN TO:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DEPARTMENT/OFFICE</td> <td>Department of Education ATTN: CDD</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1430 N Street, Suite 6308</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>Sacramento, CA 95814</td> </tr> <tr> <td>TELEPHONE NUMBER</td> <td>(916) 322-6233</td> </tr> </table>	DEPARTMENT/OFFICE	Department of Education ATTN: CDD	STREET ADDRESS	1430 N Street, Suite 6308	CITY, STATE, ZIP CODE	Sacramento, CA 95814	TELEPHONE NUMBER	(916) 322-6233	<b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payment.  <i>(See Privacy Statement on reverse.)</i>
DEPARTMENT/OFFICE	Department of Education ATTN: CDD										
STREET ADDRESS	1430 N Street, Suite 6308										
CITY, STATE, ZIP CODE	Sacramento, CA 95814										
TELEPHONE NUMBER	(916) 322-6233										
<b>2</b>	<b>VENDOR'S BUSINESS NAME</b>										
SOLE PROPRIETOR-ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)											
MAILING ADDRESS (Number and Street or P.O. Box Number)											
(City State and Zip Code)											
<b>3</b>	<b>VENDOR ENTITY TYPE</b>	<b>CHECK ONE BOX ONLY</b>  <table style="width: 100%;"> <tr> <td><input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> EXEMPT CORPORATION (Non-profit)</td> <td><input type="checkbox"/> ESTATE OR TRUST</td> </tr> <tr> <td><input type="checkbox"/> ALL OTHER CORPORATIONS</td> <td><input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR</td> </tr> </table>		<input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR	<b>NOTE:</b> State and local governmental entities, including school districts are not required to submit this form.	
<input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> PARTNERSHIP										
<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)	<input type="checkbox"/> ESTATE OR TRUST										
<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR										
<b>4</b>	<b>VENDOR'S TAXPAYER I.D. NUMBER</b>	<b>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See Reverse)</b>  <table style="width: 100%;"> <tr> <td style="width: 50%;">FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)</td> <td style="width: 50%;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.</td> <td>IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.</td> </tr> </table>		FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.	IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.	<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.	
FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER										
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<b>5</b>	<b>VENDOR RESIDENCY STATUS</b>	<b>CHECK APPROPRIATE BOX(ES)</b>  <table style="width: 100%;"> <tr> <td><input type="checkbox"/> California Resident-Qualified to do business in CA or a permanent place of business in CA</td> </tr> <tr> <td><input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding</td> </tr> <tr> <td><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</td> </tr> <tr> <td><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA</td> </tr> </table>		<input type="checkbox"/> California Resident-Qualified to do business in CA or a permanent place of business in CA	<input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding	<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED	<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	<b>NOTE:</b> a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. <i>(See reverse.)</i>			
<input type="checkbox"/> California Resident-Qualified to do business in CA or a permanent place of business in CA											
<input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding											
<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED											
<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA											
<b>6</b>	<b>CERTIFYING SIGNATURE</b>	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.									
		AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE								
		SIGNATURE	DATE	TELEPHONE NUMBER							

## **VENDOR DATA RECORD**

STD. 204 (Rev. 12-94)(REVERSE)

### **ARE YOU A RESIDENT OR A NONRESIDENT?**

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their vendor identification number.

A corporation will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For individuals/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a partnership is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call....1-800-852-5711

From outside the United States, call....1-800-854-6500

For hearing impaired with TDD, call...1-800-822-6268

### **ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?**

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1500 or less for the calendar year.

A nonresident vendor may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address listed below. A waiver will generally be granted when a vendor has a history of filing California returns and making timely estimated payments. If the vendor activity is carried on outside of California or partially out side of California, a waiver or reduced withholding rate may be granted. For more information , contact:

Franchise Tax Board  
Withhold at Source Unit  
Attention: State Agency Withholding Coordinator  
P.O. Box 651  
Sacramento, CA 95812-0651  
Telephone: (916) 845-4900  
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

## **PRIVACY STATEMENT**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sol proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section.

## ASSURANCE OF NONDISCRIMINATION IN STATE-SUPPORTED PROGRAMS AND ACTIVITIES COMPLIANCE CERTIFICATION

**Form B**

**AGENCY NAME**

The above-noted agency (referred here as "Agency") agrees that during the performance of this contract, the Agency and its subcontractors shall not deny the contract's benefits to any person on the basis of religion, color, ethnic group identification, sex, age, physical or mental disability, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical handicap, mental disability, medical condition, marital status, age (over 40) or sex. The Agency also agrees to insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination.

The Agency agrees to comply with the provisions of the Fair Employment and Housing Act (Gov. Code, Section 12900 et seq.), the regulations promulgated thereunder (Cal. Admin. Code, Tit. 2, Sections 7285.0 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code, Sections 11135-11139.5), and the regulations or standards adopted by the California Department of Education to implement Article 9.5.

The Agency and its subcontractors agree to permit access by representatives of the Department of Fair Employment and Housing and the California Department of Education upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours notice, to such of its books, records, accounts, other sources of information and its facilities as these Departments shall require to ascertain compliance with this assurance.

The Agency and its subcontractors agree to give written notice of their obligations under this assurance to labor organizations with which they have a collective bargaining or other agreement.

The Agency agrees to include the nondiscrimination and compliance provisions of this assurance in all subcontracts to perform work under the contract.

The Agency agrees to ensure that each of its employees are aware of the rights of ultimate beneficiaries and the responsibilities of the Agency under Article 9.5, and make available to ultimate beneficiaries and other interested persons information regarding the provisions of Article 9.5 and its applicability to the program or activity for which the Agency receives state support.

The Agency recognizes and agrees that the California Department of Education's support will be extended in reliance upon the representations and agreements made in this assurance, and that the California Department of Education shall have the right to seek administrative and judicial enforcement of this assurance. This assurance is binding on the Agency, its successors, transferees, and assignees.

### CERTIFICATION

*I, the official named below, hereby swear that I am duly authorized to legally bind the Agency to the above described assurance. I am fully aware that this assurance, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.*

**OFFICIAL'S NAME**

**DATE EXECUTED**

**EXECUTED IN THE COUNTY OF**

**PROSPECTIVE CONTRACTOR'S SIGNATURE**

**PROSPECTIVE CONTRACTOR'S TITLE**

**PROSPECTIVE CONTRACTOR'S LEGAL BUSINESS NAME**

## Statement of Fiscal Resources

Form C

In the section below, list and describe fiscal resources (cash, line of credit, emergency loans, etc.) the agency has or has access to cover initial start-up and operating costs for the first 90 days of program operation. (This figure should be a minimum of 25 percent of the annualized total of the contract beyond any fiscal reserves being held for other contractual obligations). Fiscal resource information should be specific (e.g., bank or lender name; name of the holder on the account).

**Private nonprofit and private for-profit agencies must attach to this application a written assurance from a recognized financial institution confirming the funds listed below are available to support this application.**

## Part II: The Service Site

MB 02-19	For CDD Use Only		
	Contract Code	County Code	Log No.

Complete a separate Part II for each contract in the application package.

Section I Program Service Summary Information						
Enter Contract Code from Table 1 in Bulletin	Enter County Where Services Will Be Provided	Enter Total Contract Dollars Requested	Enter Proposed Minimum Days Of Operation (MDO) (175-180 days)	Enter Proposed Program Start Date	Enter Total Estimated Number of State Subsidized Children Served Under this Contract	
Section II Determining Agency Headquartered Status					Yes	No
1. Has your agency provided child care and development services in the county in which you are applying for at least three years immediately preceding the date of this Management Bulletin?						
2. Is the physical address of your administrative office for child development programs located in the county in which you are applying?						

Your agency is considered "Headquartered" in the county where you plan to serve children IF you answered "Yes" to either question 1 or question 2 above.

Section III Priority Certification		
For agencies applying for one or more contracts (Contract Codes A through I), please enter the ZIP codes(s) for the service site(s) and the priority number from Table 1, on page 2 of the Bulletin in the designated area below. If more than one ZIP code is used for one contract, include all ZIP codes for the same priority number on one application.		
Enter the priority number for this application in this box.	Priority	Enter the ZIP code(s) or other geographic description where the service(s) will be provided.
Section IV Intent to Subcontract Services		
<input type="checkbox"/> Check this box if your agency intends to establish a subcontract relationship with another entity to implement the direct State Preschool program services described in this application. Enter in this section the subcontractor's information.		
Subcontractor's Name: _____	Contact Name: _____	
Address: _____	Phone: _____	
City/ZIP: _____	Fax: _____	
Federal Employer Identification No. or Social Security No. (if Individual/Sole Proprietor): _____		
The applicant agency must apply the subcontract requirements detailed in the 5 CCR sections 18026-18032 and the Funding Terms and Conditions for subcontracting services. Management and/or Direct Services subcontracts must be audited in accordance with CDE, Office of External Audits, Audit Guidelines.		



## Section V Site Information and Program Staffing Plan

### Instructions for Completing Site Information:

Complete the information requested for each proposed program site. Applicants may duplicate page 10 of this application if more than one site is proposed.

**Box A:** Circle site licensing code (see below for site licensing description).

**Box B:** Enter county where service will be provided.

**Box C:**

- If the facility is licensed, enter the license number.
- If the facility is exempt from licensing, enter "exempt" in this section.
- If the applicant agency filed an application for licensing to DSS, CCL, for this site, enter "pending" in this section.
- If the applicant agency has not applied for licensing to DSS, CCL, for this site, enter "TBS" (To Be Submitted).

**Box D:** Enter site name, address, and telephone number.

**Box E:**

- If the facility is licensed, enter the "License Type or Age Group" for the site.
  - I = Infant Center = 0 through 24 months
  - D = Day Care Center = 25 months through kindergarten
  - S = School Age Center = Kindergarten through age 17
  - H = Center for the mildly ill children
- If the facility is not yet licensed, enter "NL" (Not Licensed).

**Box F:** Enter the number of children covered by this license. If exempt from licensing, enter the Fire Regulations capacity. If not yet licensed, enter "NL".

**Box G:** Enter proposed first day of service to children at this site.

**Box H:** Enter total number of hours for program's daily duration.

**Box I:** This item demonstrates how the license capacity for this site will be managed. See Box I for more details.

### Program Staffing Plan:

Programs must maintain at least the minimum staffing ratios described below in all centers in accordance with 5 CCR Section 18290. Compliance with these ratios shall be determined based on actual attendance.

Preschool (36 months to enrollment to kindergarten)	Adult-to-Child Ratio = 1:8	Teacher-to-Child Ratio = 1:24
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Note: The Commission on Teacher Credentialing provides information on staffing qualifications and Child Development Permits. This information can be accessed at the following web site: <<http://www.ctc.ca.gov/credentialinfo/leaflets/cl797/cl797.html>>.

### Site Licensing Description:

For each proposed program site, the applicant must demonstrate the facility is licensed by the Department of Social Services (DSS), Community Care Licensing (CCL) Division before program services to children begin. If the proposed facility is exempt from licensing by statute or otherwise exempt from licensure (e.g., centers located on military installations or tribal lands), the applicant must ensure compliance with health and safety regulations for day care centers as specified in the 22 CCR Community Care Licensing regulations. All applicants must comply with the health and safety regulations in order to qualify for child care and development program contract funds. **Applicants must identify the licensing status for each site listed in this application.**

Code	Site Licensing Status
1	The applicant agency has a facility(ies) licensed by DSS, CCL Division dedicated to provide services described in this application. If this code is used, <b>attach to each copy of this application a copy of the current license.</b>
2	The applicant agency has a facility(ies) that is exempt from licensing. If this code is used, <b>attach a written confirmation of the license exempt status</b> from DSS, CCL Division, or any other documentation supporting your license exempt status for each proposed site.
3	The applicant agency has secured a facility(ies) that meets 22 CCR licensing requirements and is currently applying to DSS, CCL Division for a license. The licensing status is pending approval. If this code is used, <b>provide documentation that you are enrolled in a DSS Community Care Licensing Orientation-Component I OR the application has been received by DSS, CCL Division.</b>
4	The applicant agency is seeking a facility that meets 22 CCR licensing. <b>Note:</b> Program funds will not be released without adequate assurance a facility is available to support program operations.

## Section V: Site Information and Program Staffing Plan (continued)

**Please complete one Program Staffing Plan for each proposed site.**

<b>A. Facility/Site Licensing Code:</b> Circle code(s): 1                      2                      3                      4		<b>B. County:</b>		<b>C. License Number:</b>			
<b>D. Site Name:</b>  <b>Site Address:</b>  <b>City/Zip Code:</b>  <b>Site Phone Number:</b>				<b>E. License Type or Age Group:</b>			
				<b>F. Current Licensed Capacity:</b>			
				If total number of children to be served at this facility exceeds current licensed capacity, please provide additional detailed information on how you will comply with licensing requirements; or if license exempt, how you will comply with the Fire Regulations capacity.			
<b>G. Proposed Program Start Date (month/day/year):</b>							
<b>H. Proposed Number of Hours for this Program's Operation:</b>							
<b>I. Child Enrollment:</b>				<b>AM Only</b>	<b>PM Only</b>	<b>All-Day</b>	<b>Total</b>
I.1 Number of subsidized children requested in this GPRE application, served in AM and PM classes.							
I.2 Number of non-subsidized (full cost, Head Start, other funding source) children that will be added to this program.							
I.3 Number of children under an existing GPRE contract, to be served at this site: (Leave blank if not applicable).							
I.4 Number of children served through other program types that are counted against license capacity listed in Box F.							
<b>Total number of children to be served at this facility (I.1+I.2+I.3+I.4):</b>							

### Program Staffing Plan for this Site

<b>Administration (A)</b> This classification includes program director, site supervisor, fiscal coordinator, secretaries, clerks, and others whose primary function is to facilitate the administrative processes.		<b>Instructional Services (IS)</b> This classification includes master teachers, teachers, associate teachers and other assisting adults whose primary function is to work with children under the direct supervision of a teacher.	
<b>Other Operational Services (OS)</b> This classification includes custodians, cooks, bus drivers, grounds persons, and others performing similar functions.		<b>Support Services (SS)</b> This classification includes nurses, counselors, social workers, resource teachers, and others who are licensed and performing specialized professional services.	
<b>A. List below the staff positions that will be paid from the requested contract dollars.</b>			
Job Title (Include Classification Code) Use Codes Listed Above (A, IS, OS, SS)		Number of Full-Time Equivalent Employees (For This Program Only)	Salary Range (Hourly or Monthly)
Code	Job Title / Number of Employees		Minimum                      Maximum
<b>B. List other staff resources that are not paid through this application but support program activities (In-Kind)</b>			

## Section VI Program Narrative

### Instructions:

#### Format Requirements:

- Program narrative components have specific page limitations, and total narrative is a maximum of **16** pages.
- Single-sided pages on 8 ½ by 11 inch white paper.
- All margins at least one-half inch from the edge of the paper.
- 12-point font that does not exceed six lines per inch. Do not use a compressed, narrow, or script font. Font size on Weekly Lesson Plan **only** may be no smaller than 9-point font; all other sections require a 12-point font.

At the top of each page, include the following identifying information:

- MB 02-19
- Contract code
- Name of applicant agency
- Page number

In the title of each section of the response, identify the section by the program narrative component name and underline it (e.g., 1. Agency Philosophy and Introduction, 3. Program Administration, etc.), then proceed with your response.

Agencies are required to describe the *major* goals and objectives for the five Program Subcomponents listed in Program Component 3 of the Program Narrative Description on page 12 of this application. Goals and objectives, as used in this application, are defined below:

- **Goals** are broad and comprehensive statements. Written goals provide a picture of the agency's plan to build and sustain a high quality developmental program for children and support for their families.
- **Objectives** are specific action statements. They include measurable outcomes and timelines for accomplishing them. Objectives are not abstractions. Objectives are the action commitments through which an agency will carry out its program goals and the basis against which program performance is measured.

#### ***Example Goal Statement and Supporting Objective Statement:***

**GOAL:** Provide an effective and efficient organizational and administrative structure to support the delivery of quality child development services to enrolled children and their families.

**OBJECTIVE:** By June 30, 2003, the Board of Directors will attend strategic planning, fiscal management, team decision-making, and/or cultural awareness training.

**MEASUREMENT:** Attendance and number of Board Members completing identified courses: Target is ninety percent, or better, attendance and completion of courses. Measurement to be confirmed by course completion certificates or attendance sign-in records.

Together, goals and objectives for the five required program subcomponent areas represent the fundamental strategy of the agency's program.

Program Narrative Description			
Points	Program Component	Page Limit	Information Requested
Not Scored	1. Agency Philosophy and Introduction	1	Summarize the agency's philosophy regarding child development services for children and families. The agency may also use this section to explain the agency's unique features that are important and promote understanding of the programs described in this application.
Not Scored	2. Children and Families	1	Describe the children and families to be served through this application (e.g., economic levels of families, ethnicity(ies), languages other than English spoken in the home, types of work in the area where services are proposed, and special needs of families serviced).
0-55	3. Program Administration	4	<p><u>Goals and Objectives:</u> Write five major goals that address the following program subcomponent areas (one for each area):</p> <ol style="list-style-type: none"> <li>1. Child development learning activity and environment design;</li> <li>2. Facilities management;</li> <li>3. Recruitment and retention of qualified staff (5 CCR; 22 CCR);</li> <li>4. Ongoing staff development; and</li> <li>5. Fiscal accountability.</li> </ol> <p>For each goal/objective produce three major objectives, including outcome measures and timelines, to support the implementation of each of the five identified goal areas.</p> <p>Describe your agency's process for assessing the agency's progress meeting the goals and objectives presented in this section.</p>
0-83	4. Meeting the Developmental Needs of Children	7	<p>A. For the children to be served through this application, provide a written narrative that demonstrates a comprehensive and clearly defined rationale for the role of assessment, and the selection of curricular activities that support children's developmental growth in each of the five learning activity areas listed below:</p> <ol style="list-style-type: none"> <li>1. Social-emotional development;</li> <li>2. Cognitive development;</li> <li>3. Language development;</li> <li>4. Physical development; and</li> <li>5. Nutrition education.</li> </ol> <p>B. Activities must be age and linguistically appropriate, culturally supportive and designed to accommodate variation in rates of development with attention to individual learning styles and abilities. Using Form <b>H</b> (or comparable alternative) develop a sample lesson plan and provide a daily schedule for the <b>first week of instruction for one class of children</b>. The Lesson plan should be comprehensive, integrated and experientially rich. Incorporate nutrition education activities including documentation of the direct food service component (snacks and/or lunches). Demonstrate in the daily schedule program variety that includes a balance between group, child-initiated, adult-initiated, individual and cooperative active learning experiences. Indicate in the schedule the ages of the children served, the time the service begins, transition times, times of planned snacks and meals, and the time the day ends.</p>
0-12	5. Parent and Community Outreach, and Involvement	3	<p>Describe in detail the agency's plan to:</p> <ol style="list-style-type: none"> <li>1. Assess parent and community resources;</li> <li>2. Develop linkages between home, school and community resources; and</li> <li>3. Utilize parent and community resources in the administration and delivery of the program.</li> </ol>

Projected Annual Program Budget			Form D/Side One	
<p>The applicant agency must completely fill out the budget information requested in Columns A-D for all funding requested in this application. The budget information will be reviewed to determine the fiscal soundness of your program. Prepare an annual budget showing ALL costs necessary to operate the State Preschool Program for a full-program year. If the program will serve both certified (state-subsidized) and non-certified children, be sure to include all costs for the non-certified children in these calculations.</p>				
<p style="text-align: center;"><b>Column A</b> <b>Proposed Budget Plan</b></p> <p><b>DEFINITIONS:</b>  <u>"Certificated"</u> salaries are those paid to employees with a teaching credential or other appropriate certificate.  <u>"Service contracts"</u> could include janitorial, consultant, auditor, etc.  <u>"Other Operating"</u> expenses include telephone, utilities, etc.  <u>"Indirect cost"</u> can only be charged for an item that would normally fall under categories 1000-5000 but is not listed in these line items because it cannot be separately identified. Indirect costs may not exceed 8% of the total of the first five categories (or less, if the school's Indirect cost rate is less than 8%).</p>			<p style="text-align: center;"><b>Column B</b> <b>Worksheet to Determine Percentage Of Certified Enrollment</b></p> <p><b>NOTES:</b> Use this worksheet to determine the percentage of enrollment for the certified (state-subsidized) portion of this program and budget.</p>	
1) Certificated Salaries (1000)	\$	1) <b>Certified Enrollment (this application)</b>		
2) Classified Salaries (2000)	\$	Number of subsidized children to be enrolled: (a)		
3) Employee Benefits (3000)	\$	Times calendar days operating (175 to 180 days) x (b)		
4) Books and Supplies (4000)	\$	Equals "Certified Enrollment" = (c)		
5) Services and Other Operating Expenses (5000) (Total of a, b, c, d, e, and f)	\$	2) <b>Non-certified Enrollment (this application)</b>		
a. Rent/Lease:	\$	Number of non-subsidized children to be enrolled: (a)		
b. Service Contracts:	\$	Times calendar days operating (175-180 days) x (b)		
c. Nutrition:	\$	Equals "Non-certified Enrollment" = (c)		
d. Travel:	\$	3) <b>Total Enrollment</b> = Certified Enrollment (1c) + Non-certified Enrollment (2c) =		
e. Other: _____	\$	4) <b>Percentage of Certified Enrollment</b>		
f. Other: _____	\$	Divide the "certified enrollment" by the "total enrollment" (certified plus non-certified):		
6) New Equipment (6400) Annual, other than Start-Up	\$	÷	=	%
7) Equipment Replacement (6500) Annual, other than Start-Up	\$	Certified Enrollment (1c)      TOTAL Enrollment (1c + 2c)      % of Certified Enrollment		
8) Depreciation or Use Allowance	\$	5) <b>Proration of budget for certified enrollment:</b>		
9) Indirect Cost	\$	BUDGET TOTAL (Column A, #11)      \$ (a)		
10) Other	\$	Minus nutrition costs paid for by the Child Care Food Program      -      \$		
<b>11) BUDGET TOTAL</b>	\$	SubTOTAL		
Total Administrative costs included above (includes "Indirect") (Total Administrative costs, including "Indirect," are limited to 15% of the total contract).	\$	Times (% of certified enrollment, Column B, # 4)      x      % (b)		
		Equals Certified budget portion      =      \$ (c)		

**Form D/Side Two**

Column C State Contract Income Needed		Column D Other Income Needed	
A. Certified Enrollment (from Column B, Line 1c)		Budget TOTAL (from Column A, #11) \$	
Times maximum rate (\$17.96)	x \$ 17.96	Minus lesser of A or B (from Column C) - \$	
Equals maximum reimbursement	= \$ A.	Equals other income needed = \$	
B. Certified budget portion (from Column B, line 5c): \$ B.		This is the other income needed to run your program in addition to the amount requested by this State Child Development contract. Please show the sources for all additional income:	
State Child Development contract income needed is the lesser of A or B: This lesser amount should be the amount requested on page 8 of this application.		Nutrition Program: \$	
		Parent fees (non-certified children): \$	
		Donations and Grants: \$	
		Fundraising: \$	
		Other (specify): _____ \$	
		Other (specify): _____ \$	
		<b>TOTAL Other Income</b> \$	

**BUDGET NOTES:** Use this space to help clarify the proposed budget. Include in your explanation the source of donations, grants, fundraising, and other income sources.

Request for Start-Up Allowance (Service-Level Exemption)		Form E
<p>The contractor may be allowed a specified amount of the contract Maximum Reimbursable Amount, up to 15 percent of the <i>annual</i> contract amount, to be designated as a "Start-up Allowance," that is a portion of the contract funding that may be earned without serving the required enrollment. The applicant agency is reimbursed only to the extent claimed, and the remainder of the MRA is subject to service requirements. Any unused allowance amount cannot be reserved or carried over to a subsequent fiscal year. To apply for a Start-Up Allowance the following information must be completed. (Note: Actual amount awarded is subject to negotiation and approval by the Child Development Fiscal Services Division.)</p>		
Total amount of funds requested by your agency:		\$ _____
Amount requested as a Start-up Allowance*:		\$ _____
<b>Type of Expenditure</b>	<b>Amount</b>	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>*Total</b>	\$	
<p><b>*MAY NOT EXCEED 15 PERCENT OF THE TOTAL AMOUNT OF FUNDS REQUESTED</b></p>		

<b>2003-2004 Program Calendar (Fiscal Year)</b>	<b>Form F</b>	<b>For CDD Use Only</b>
<b>LEGAL NAME OF AGENCY</b>	<b>PROJECT NUMBER</b>	
<p>Provide a calendar for one full program year. Place an "X" on every day your program will be open for service. Total and subtotal this information as instructed below. Enter the total number of days open for each quarter in the bottom right-hand corner. Please print clearly.</p>		

**FIRST  
QUARTER**

**JULY 2003**

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days of Operation: \_\_\_\_\_

**AUGUST 2003**

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days of Operation: \_\_\_\_\_

**SEPTEMBER 2003**

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**SECOND  
QUARTER**

**OCTOBER 2003**

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Days of Operation: \_\_\_\_\_

**NOVEMBER 2003**

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Days of Operation: \_\_\_\_\_

**DECEMBER 2003**

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**THIRD  
QUARTER**

**JANUARY 2004**

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days of Operation: \_\_\_\_\_

**FEBRUARY 2004**

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

Days of Operation: \_\_\_\_\_

**MARCH 2004**

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**FOURTH  
QUARTER**

**APRIL 2004**

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days of Operation: \_\_\_\_\_

**MAY 2004**

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days of Operation: \_\_\_\_\_

**JUNE 2004**

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**TOTAL DAYS OF OPERATION: \_\_\_\_\_**



<b>2004-2005 Program Calendar (Fiscal Year)</b>	<b>Form G</b>	<b>For CDD Use Only</b>
<b>LEGAL NAME OF AGENCY</b>	<b>PROJECT NUMBER</b>	
<p>Provide a calendar for one full program year. Place an "X" on every day your program will be open for service. Total and subtotal this information as instructed below. Enter the total number of days open for each quarter in the bottom right-hand corner. Please print clearly.</p>		

**FIRST  
QUARTER**

**JULY 2004**

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days of Operation: \_\_\_\_\_

**AUGUST 2004**

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Days of Operation: \_\_\_\_\_

**SEPTEMBER 2004**

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**SECOND  
QUARTER**

**OCTOBER 2004**

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days of Operation: \_\_\_\_\_

**NOVEMBER 2004**

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Days of Operation: \_\_\_\_\_

**DECEMBER 2004**

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**THIRD  
QUARTER**

**JANUARY 2005**

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days of Operation: \_\_\_\_\_

**FEBRUARY 2005**

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

Days of Operation: \_\_\_\_\_

**MARCH 2005**

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**FOURTH  
QUARTER**

**APRIL 2005**

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Days of Operation: \_\_\_\_\_

**MAY 2005**

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Days of Operation: \_\_\_\_\_

**JUNE 2005**

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Days of Operation: \_\_\_\_\_ SubTotal: \_\_\_\_\_

**TOTAL DAYS OF OPERATION: \_\_\_\_\_**

SAMPLE WEEKLY LESSON PLAN					Form H
(Design <i>first week</i> of program instruction for one class of children. No child has yet been assessed).		Special Skills:			
Week of:					
Monday	Tuesday	Wednesday	Thursday	Friday	
Changes to the environment (e.g., stations, set-ups for child choice area, resources, reading area, artwork):			Observations/Notes:		